



CITY OF
HAYWARD
HEART OF THE BAY
VENDOR APPLICATION FORM

Company Name: _____
(Legal Name)

Federal Tax ID# _____

Tax Payer Name: _____
(Legal Name)

Social Security # _____

PURCHASING INFORMATION

ACCOUNTS PAYABLE INFORMATION

Address (Receipt of Order) _____

Address (Payment Remittance) _____

City/State _____ Zip Code _____

City/State _____ Zip Code _____

Contact Name _____

Contact Name _____

Telephone # _____

Phone # _____

Fax # _____

Fax # _____

E-mail Address _____

E-mail Address _____

Payment Terms: _____

Standard Industry Code: _____

Commodity/Service Provided _____
(A cover letter on company letterhead and line cards may be included with this application)

Minority Owned? (Circle one) Yes / No
(If Yes, circle the applicable categories)

Female/Woman African American Asian American Native American Hispanic/Latin Other (specify) _____

Business Data (Circle one)

Large Business Small Business Small Disadvantaged Business Non-Profit Woman-Owned

Does your company maintain a physical presence in the City of Hayward? Yes____ No____

Address (if different from above):_____

Describe (warehouse, sales office, administration office, plant, etc.):_____

Type of business (Circle one) Corporation Partnership Individual Government Agency

How long have you been in business? _____ Are you incorporated? (Circle one) Yes / No.

Who are the principle owners? _____

Who are some of your major customers? May we contact some of them for references? Yes / No

1. Company Name	Contact/Title
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Address	Phone #
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City/State	Zip Code	Fax #
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2. Company Name	Contact/Title
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Address	Phone #
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City/State	Zip Code	Fax #
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3. Company Name	Contact/Title
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Address	Phone #
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City/State	Zip Code	Fax #
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Signature	Title	Date
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